



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 1196

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER 10/085,872 | FILING DATE 02/28/2002 RULE | CLASS 623 | GROUP ART UNIT 3738 | ATTORNEY DOCKET NO. 4002- 2954/PC393.06 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

APPLICANTS

Thomas A. Zdeblick, Middleton, WI;
 William F. McKay, Memphis, TN;

** CONTINUING DATA *****

This application is a DIV of 09/586,308 06/02/2000 PAT 6,402,785 *IB*
 which claims benefit of 60/137,586 06/04/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED *IB*
 ** 03/20/2002

| | | | | |
|--|--|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY WI | SHEETS DRAWING 19 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | EXAMINER'S SIGNATURE <i>[Signature]</i> | INITIALS <i>IB</i> | | |

Verified and
Acknowledged

ADDRESS
 Woodard, Emhardt, Naughton, Moriarty and McNett
 Bank One Center/Tower
 Suite 3700
 111 Monument Circle
 Indianapolis , IN
 46204-5137

TITLE
 Artificial disc implant

| | | |
|------------|---|---|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|------------|---|---|

| | | | | | | | | |
|--------------------------|---------------------------------|--|--------------------------|---------------------|--------------------------|-------------|--------------------------|--------|
| <p>RECEIVED 848</p> | <p>No. _____ for following:</p> | <table border="1"> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Credit</td> </tr> </table> | <input type="checkbox"/> | 1.18 Fees (Issue) | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> | Credit |
| <input type="checkbox"/> | 1.18 Fees (Issue) | | | | | | | |
| <input type="checkbox"/> | Other _____ | | | | | | | |
| <input type="checkbox"/> | Credit | | | | | | | |